# STATE OF CONNECTICUT
# State Innovation Model
## *Healthcare Innovation Steering Committee*

### *Meeting Summary*
### *September 17, 2015*

**Meeting Location**: Legislative Office Building Room 1D, 300 Capitol Avenue, Hartford

**Members Present**: Nancy Wyman; Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Roderick L. Bremby; Anne Foley; Suzanne Lagarde; Alta Lash; Robert McLean; Jane McNichol; Michael Michaud (for Miriam Delphin-Rittmon); Jewel Mullen; Frances Padilla; Ron Preston (for Bruce Liang); Thomas Raskauskas; Robin Lamott Sparks; Jan VanTassel; Thomas Woodruff

**Members Absent**: Catherine Abercrombie; Tamim Ahmed; Raegan Armata; Patrick Charmel; Terry Gerratana; Bernadette Kelleher; Victoria Veltri; Katharine Wade; Michael Williams

**Call to order**
Lieutenant Governor Nancy Wyman called the meeting to order at 3:01 p.m.

**Public comment**
SB Chatterjee provided public comment (see comment here). LG Wyman said she would have someone look up the federal statute to determine whether it applies. She also noted that there is a code of ethics for SIM that everyone will have signed on to.

Ellen Andrews, Executive Director of the CT Health Policy Project, provided public comment regarding Medicaid reforms, stating that more time is needed to complete the work so that mistakes are avoided. She said that based on the experience of the Medicare Shared Savings Program, the costs to the state could be huge and people could be harmed. Kate McEvoy, Medicaid Director, said that the timeline is ambitious and that an extension has been requested. She said that the Department is doing its best to balance the issues that have been brought up. Patricia Baker asked when the design framework would come to the Steering Committee for comment. Ms. McEvoy said that would likely happen at the October meeting. The Committee's feedback will be incorporated into the final document. Jane McNichol said that enormous parts of the MQISSP had not been discussed and that the Community and Clinical Integration Program had not been introduced until late in the game. She said the process was too rushed and needed to be completed as promised. Thomas Raskauskas asked where Dr. Andrews got her numbers from, with regard to the Medicare SSP payouts to Connecticut. He said there were no shared savings payouts in CT as the established thresholds were not met.

There was discussion regarding the deadlines for program implementation and the possibility of pushing the deadline out. Mark Schaefer said the CMS approval is separate from that of CMMI. He said delaying the program had the potential to jeopardize the full award of funding. He also said it could delay the opportunity to improve quality for a substantial portion of the Medicaid program. He noted that, like Medicare, there will be ongoing tuning of the program. Alta Lash said the state was not remotely ready and that many aspects of the proposal need further examination. She noted her frustration with the health information technology infrastructure development and that there were no mechanisms in place to monitor for under service.

Roderick Bremby said he would endorse delaying the timeline further. He said that if there was concern about program quality, there are other initiatives under way that help the department understand how the program is working. Ms. McEvoy said that CMS has no disposition around timeframes. The deadlines are commitments within the State Innovation Model grant. Dr. Schaefer said that any of the initiatives could be moved by 30, 60 or 90 days. He noted commercial payers tend to work in six month cycles. He said there would be discussion about extending the MQISSP to July 1.

As it pertains to health information technology, Dr. Schaefer said he understood the angst about how that was proceeding. None of the HIT enablers were specifically linked to under service monitoring. Rather, HIT was focused around connectivity, exchange of information, and standing up new measures. He noted that Medicaid is focusing on measures to detect under service. Jan VanTassel asked for a clarification about the system for under service monitoring under the MQISSP. Her understanding from the SIM Model Test Grant application was that DSS would not implement the program until reasonable and necessary methods for monitoring under service are in place. Ms. McEvoy said they are proposing a multi-prong strategy around under service, using claims data and the analytic capabilities of the Community Health Network of Connecticut. Ms. VanTassel said they needed specifics and consultation so that they are clear that the systems are what they expect. She said there hasn't been the consultation and transparency that they were assured of. Ms McEvoy said that will go through a full review process. Ms. VanTassel said her expectation was that if the system was not in place, the program would not be implemented and the RFP should reflect that. Ms. McEvoy said that is still the case. Commissioner Bremby said those conversations have taken place at the Council on Medical Assistance Program Oversight (MAPOC) but not at the Steering Committee. Ms. McNichol said she was interested in knowing what things need to be decided on by October 5. Dr. Schaefer said there could be an offline discussion about whether a three month extension would allows for the balance of October to be used to review the program under a less compressed timeframe.

Kevin Galvin provided public comment on the code of ethics. He said a number of work group members were uncomfortable with the SIM Conflict of Interest Statement and felt it was weak. He said they submitted an enhanced version of the document. LG Wyman said that version was accepted and thanked Mr. Galvin for his participation.

Jennifer Herz provided comment on behalf of the CBIA, highlighting some of their comments from the Equity and Access Council report. She noted that the employer's role in health insurance has been lost in the conversation and should be brought to the forefront. She said that CBIA is very supportive of SIM. Employers are trying to get at cost. She said shared savings balances cost with quality while pay for performance only gets at half of the issue. She noted the discussion regarding recommendation #3.5 regarding money from under service going into the community. She said that that money would not all be consumer money and that part of those dollars are employer dollars. She also said that, for self-insured employers, there is not a practical way to make sure people sign up for a PCP upon enrollment. LG Wyman noted that recommendation 3.5 was not adopted by the Steering Committee.

**Review and approval of meeting summary**
***Motion to approve the summary of the August 13, 2015 meeting – Patrick Charmel; seconded by Jan VanTassel.***
There was no discussion.
***Vote: All in favor.***

**VBID Employer Consortium – proposed composition**
Thomas Woodruff presented on the Value Based Insurance Design (VBID) Employer Consortium composition (see presentation here). Mary Bradley suggested that they include average employees in the consumer advocate bucket. Dr. Woodruff said that some of the unions have been very involved in the process. Part of the goal is to develop easily understandable materials. Ms. Bradley said that, in terms of employer representation, it might be beneficial to hear from employers who haven't embraced VBID so that they can learn of potential barriers. Ms. Lash asked what the purpose of the group and how it fit in with the other work groups. Dr. Woodruff said the focus was on communication, education, and design of value based insurance programs such as the state employee plan. They are seeking more information on barriers in the existing design. The effort is connected to payment reform activities. Ms. Baker suggested including the perspective of the Greater New England Minority Business Council.

**Community and Clinical Integration Program**
Dr. Schaefer presented an update on the CCIP. The plan is to make the current draft available for input and present to the Care Management Committee of the MAPOC) while they continue to work out issues with the Practice Transformation Task Force. There will be multiple drafts and an ongoing open comment period. Ms. McNichol asked for clarification as to what the Steering Committee is being asked. Dr. Schaefer said the plan is to test select participants in the MQISSP and overlay transformation support. The added capabilities will enhance performance for all populations. Ms. McNichol asked for specific questions they could answer. She asked how it fit into existing care management initiatives. Dr. Schaefer said the PMO will work with DSS to clarify that.

Dr. Raskauskas asked if there would be a formal presentation. Dr. Schaefer noted that there was a presentation at the August meeting but there were no plans to complete a formal walkthrough. Steering committee members were invited to participate in that meeting. Dr. Raskauskas asked that the comments be shared in a timely fashion. The PMO will post comments as they are received.

Jewel Mullen mentioned conversations with the CDC and CMMI about the integration of population health into SIM. She said it was time to start articulating that. Dr. Schaefer noted that DPH is a pivotal partner and would have been helpful to have as part of the Task Force. He said that as they begin to partner with DPH around care delivery reforms, they will need to think about an approach to population health planning that is inclusive. Commissioner Mullen said that it is about a shared concept of population health that serves the work that everyone is doing on the outcome and payment side.

**HIT Council Charter**
Michelle Moratti presented on the HIT Council Charter (see charter here). Ms. VanTassel said it was not clear to her how the HIT Council work interfaces with the mechanisms being put into place for monitoring. She said it would be helpful to know that coordination exists and requested that it be included. Dr. Schaefer said the Medicaid mechanisms are dealt with separately from the HIT Council process. Ms. Padilla said that should be made clear. She said she was trying to understand how the HIT Council will add value to the work and how they will support the other work groups' efforts with data. That should be a guiding principle, rather than part of the scope, she said. She also said that conflict of interest needed to be explicitly accounted for.

Dr. Raskauskas said it appeared the state had selected a vendor and are validating that selection. He asked whether Zato was the only option. Commissioner Bremby said that during the submittal for the grant, the state identified technology solutions necessary to achieve the desired outcomes in light of the lack of an all payer claims database or health information exchange. The technology

proposed was identified as able to aggregate data. They will be testing the proposal in the short term, with the plan to develop a long term design so that infrastructure exists to support the initiative in the long run. Dr. Raskauskas asked what would happen in the Zato technology did not work, as no alternatives have been brought forward. Commissioner Bremby said that they are not looking at Zato as the only long term opportunity. He said if the results come back differently than anticipated, they will use parallel processes.

Ms. Baker said that the principles in the charter are not principles but rather operational. She said she was concerned that the paths being pursued that did not reflect the principle of a fair and competitive process. She said the short term solution could easily become the long term solution. She said other potential vendors should be identified. The committee had an obligation to think about principles first. Ms. Lash noted that the plan impacted everyone, not just Medicaid. Under service could happen to anyone. She asked who would be responsible for looking at under service for everyone else. Ms. VanTassel said she was not comfortable with the process used to the HIT solution. There was a lack of transparency in the process and there is confusion about how Zato became the de facto solution. She said she was not comfortable with that. It was noted that there was not enough time to conduct a formal RFP process.

**Model Test Grant Amendment – MQISSP**

Ms. McEvoy and Dr. Schaefer presented on the amendment (see page 10 of the meeting presentation here). It was noted that the Advanced Medical Home dates should read 2016 and not 2018. Dr. Raskauskas asked for a definition of an advanced network. Ms. McEvoy said her understanding is that the term includes accountable care organizations.

Ms. McNichol noted that they should look at a date later than July 1, 2016 for the start of the MQISSP. She asked about plans to hire staff. Dr. Schaefer noted that the hiring delay is an issue they have flagged and there have been discussions about prioritizing hiring. Ms. VanTassel asked about the staff person for the Consumer Advisory Board. Dr. Schaefer noted that it is not a position but rather a contractor. He said that the PMO has hired a new staff person who will work to get the consumer engagement coordinator engaged.

Ms. Baker asked how the CCIP would be cross payer/payer agnostic. Dr. Schaefer said that applicants would commit to the CCIP requirements set forth in the RFP. The PMO would then contract with the selected participants and focus on the adoption of payer agnostic care processes. Ms. VanTassel asked whether that addressed the concern about unified data. Dr. Schaefer said that is a more complicated. The Equity and Access Council proposed that each payer develop methods to monitor under service. UConn and Yale are responsible for the evaluation process. UConn and Yale have created a dashboard for that purpose. It will be presented at a future Steering Committee meeting. Ms. Lash noted that her understanding was that each payer would be responsible for its own payment system. She asked how they will know those systems are fair and reasonable. Dr. Schaefer said that UConn and Yale will be able to answer whether there have been improvements over time. The PMO does not intend to direct or advise the payers on how to develop their shared savings programs. Many have a portfolio of methods that they are adapting. Dr. Schaefer noted that the area of value based payment that the SIM could provide the greatest value on is narrowing the set of quality measures. The payers will participate in an alignment process. One other state has reached about 27 percent alignment. It is a difficult process that requires all payers to decide that alignment is one of their principles.

**Rapid Response Team**

Dr. Schaefer presented on the Rapid Response team revised composition and charter (see charter and composition here).

***Motion to approve the revised composition and charter – Robert McLean; seconded by Alta Lash.***
There was no discussion.
***Vote: all in favor.***

**Adjournment**
***Motion to adjourn – Patricia Baker; seconded by Jan VanTassel.***
There was no discussion.
***Vote: all in favor.***

The meeting adjourned at 5:01 p.m.